



DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |                                                                                                       |  |
|--------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|-------------------------------------------------------------------------------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |  | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |  | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |  |  |  |                                                                                                       |  |
| Date :                                                       |  | Step #:                                                                                                                                                                            |  | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  | MRB (QSI042) Approval<br><br><div style="border: 1px solid black; height: 100px; width: 100%;"></div> |  |
| Description Work Order Deviation                             |  |                                                                                                                                                                                    |  | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |                                                                                                       |  |
|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |                                                                                                       |  |
|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  | Completed By                                                                                          |  |
|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  | Lead hand / Supervisor Approval Verification                                                          |  |
|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  | QC / QA Coordinator Approval                                                                          |  |

| Root Cause                                  |  |                                                |  | FAULT CATEGORY                                  |  |                                                            |  |
|---------------------------------------------|--|------------------------------------------------|--|-------------------------------------------------|--|------------------------------------------------------------|--|
| Environment <input type="checkbox"/>        |  | No Re-verification <input type="checkbox"/>    |  | Pressure/Forced <input type="checkbox"/>        |  | Temperature/Cure <input type="checkbox"/>                  |  |
| Design <input type="checkbox"/>             |  | Operator <input type="checkbox"/>              |  | Bending <input type="checkbox"/>                |  | Set-up <input type="checkbox"/>                            |  |
| Doc/Data <input type="checkbox"/>           |  | Offset/Setup <input type="checkbox"/>          |  | Centre Not Concentric <input type="checkbox"/>  |  | BOM/Route <input type="checkbox"/>                         |  |
| Equip/Tooling <input type="checkbox"/>      |  | Supplier <input type="checkbox"/>              |  | Cracks <input type="checkbox"/>                 |  | Broken/Damage/Defect <input type="checkbox"/>              |  |
| Handling/Pre <input type="checkbox"/>       |  | Training <input type="checkbox"/>              |  | Crimp/Kink/Ripple/Wave <input type="checkbox"/> |  | Inspection Incomplete/Unqualified <input type="checkbox"/> |  |
| Material <input type="checkbox"/>           |  | Use for Testing <input type="checkbox"/>       |  | Cuffs <input type="checkbox"/>                  |  | Contamination <input type="checkbox"/>                     |  |
| Internal Transport <input type="checkbox"/> |  | Poor Information <input type="checkbox"/>      |  | Crushing <input type="checkbox"/>               |  | Countersink <input type="checkbox"/>                       |  |
| Tribal Knowledge <input type="checkbox"/>   |  | Rushing <input type="checkbox"/>               |  | Heat Treat <input type="checkbox"/>             |  | Cut Too Short <input type="checkbox"/>                     |  |
| LOA <input type="checkbox"/>                |  | Product Improvement <input type="checkbox"/>   |  | Wave/Twist in Tube <input type="checkbox"/>     |  | Instructions Incomplete/Unclear <input type="checkbox"/>   |  |
| Substation <input type="checkbox"/>         |  | Process Improvement <input type="checkbox"/>   |  | Marks/Chatter <input type="checkbox"/>          |  | Drill Holes <input type="checkbox"/>                       |  |
| Past Expiry Date <input type="checkbox"/>   |  | Manufacturing Process <input type="checkbox"/> |  | OTHER :                                         |  |                                                            |  |
| Misidentified <input type="checkbox"/>      |  | Past Due <input type="checkbox"/>              |  |                                                 |  |                                                            |  |

**Work Order ID 150338**

Wednesday, August 24, 2016 11:43:23 AM

**\*150338\***

Page 2

Item ID: D3916-5

Accept

**\*N900040100\***

Setup Start

**\*NS1\***

Revision ID:

Stop

**\*NS2\***

Item Name: Light Rib

Start Date: 8/22/2016 Start Qty: 4.00

~~\*4\*~~

10

Cust Item ID:

Required Date: 8/24/2016 Req'd Qty: 4.00

~~\*4\*~~

Customer:

Reference:

Approvals:

Process Plan: \_\_\_\_\_

Date: \_\_\_\_\_

Tooling: \_\_\_\_\_

Date: \_\_\_\_\_

Run Start

**\*NR1\***

QC: \_\_\_\_\_

Date: \_\_\_\_\_

SPC (Y/N): \_\_\_\_\_

Date: \_\_\_\_\_

Stop

**\*NR2\***Sequence ID/  
Work Center IDOperation  
DescriptionSet Up/  
Run Hours

Tool ID

Tool #

Plan  
CodeAccept  
QtyReject  
QtyReject  
NumberInsp.  
Stamp

130

QC21- Final Inspection - Work Order Release

0.00

**\*130\***

QC

Memo

0.07

DAS  
21  
9-89

OCT 19 2016

Quality Control

DAS  
21  
9-89

OCT 19 2016



DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |                                                                                                                                                     |  |  |
|--------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|-----------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |  | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |  | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |  |  |                                                                                                                                                     |  |  |
| Date :                                                       |  | Step #:                                                                                                                                                                            |  | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  | MRB (QSI042) Approval<br><br><br>Completed By<br><br><br>Lead hand / Supervisor<br>Approval Verification<br><br><br>QC / QA Coordinator<br>Approval |  |  |
| Description Work Order Deviation                             |  |                                                                                                                                                                                    |  | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |                                                                                                                                                     |  |  |
|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |                                                                                                                                                     |  |  |

| Root Cause                                  |                          |                                                |                          | FAULT CATEGORY                                  |                          |                                                            |                          |
|---------------------------------------------|--------------------------|------------------------------------------------|--------------------------|-------------------------------------------------|--------------------------|------------------------------------------------------------|--------------------------|
| Environment <input type="checkbox"/>        | <input type="checkbox"/> | No Re-verification <input type="checkbox"/>    | <input type="checkbox"/> | Pressure/Forced <input type="checkbox"/>        | <input type="checkbox"/> | Temperature/Cure <input type="checkbox"/>                  | <input type="checkbox"/> |
| Design <input type="checkbox"/>             | <input type="checkbox"/> | Operator <input type="checkbox"/>              | <input type="checkbox"/> | Bending <input type="checkbox"/>                | <input type="checkbox"/> | Set-up <input type="checkbox"/>                            | <input type="checkbox"/> |
| Doc/Data <input type="checkbox"/>           | <input type="checkbox"/> | Offset/Set-up <input type="checkbox"/>         | <input type="checkbox"/> | Centre Not Concentric <input type="checkbox"/>  | <input type="checkbox"/> | BOM/Route <input type="checkbox"/>                         | <input type="checkbox"/> |
| Equip/Tooling <input type="checkbox"/>      | <input type="checkbox"/> | Supplier <input type="checkbox"/>              | <input type="checkbox"/> | Cracks <input type="checkbox"/>                 | <input type="checkbox"/> | Broken/Damage/Defect <input type="checkbox"/>              | <input type="checkbox"/> |
| Handling/Pre <input type="checkbox"/>       | <input type="checkbox"/> | Training <input type="checkbox"/>              | <input type="checkbox"/> | Crimp/Kink/Ripple/Wave <input type="checkbox"/> | <input type="checkbox"/> | Inspection Incomplete/Unqualified <input type="checkbox"/> | <input type="checkbox"/> |
| Material <input type="checkbox"/>           | <input type="checkbox"/> | Use for Testing <input type="checkbox"/>       | <input type="checkbox"/> | Cuffs <input type="checkbox"/>                  | <input type="checkbox"/> | Contamination <input type="checkbox"/>                     | <input type="checkbox"/> |
| Internal Transport <input type="checkbox"/> | <input type="checkbox"/> | Poor Information <input type="checkbox"/>      | <input type="checkbox"/> | Crushing <input type="checkbox"/>               | <input type="checkbox"/> | Countersink <input type="checkbox"/>                       | <input type="checkbox"/> |
| Tribal Knowledge <input type="checkbox"/>   | <input type="checkbox"/> | Rushing <input type="checkbox"/>               | <input type="checkbox"/> | Heat Treat <input type="checkbox"/>             | <input type="checkbox"/> | Cut Too Short <input type="checkbox"/>                     | <input type="checkbox"/> |
| LOA <input type="checkbox"/>                | <input type="checkbox"/> | Product Improvement <input type="checkbox"/>   | <input type="checkbox"/> | Wave/Twist in Tube <input type="checkbox"/>     | <input type="checkbox"/> | Instructions Incomplete/Unclear <input type="checkbox"/>   | <input type="checkbox"/> |
| Substation <input type="checkbox"/>         | <input type="checkbox"/> | Process Improvement <input type="checkbox"/>   | <input type="checkbox"/> | Marks/Chatter <input type="checkbox"/>          | <input type="checkbox"/> | Drill Holes <input type="checkbox"/>                       | <input type="checkbox"/> |
| Past Expiry Date <input type="checkbox"/>   | <input type="checkbox"/> | Manufacturing Process <input type="checkbox"/> | <input type="checkbox"/> | OTHER : _____                                   |                          |                                                            |                          |
| Misidentified <input type="checkbox"/>      | <input type="checkbox"/> | Past Due <input type="checkbox"/>              | <input type="checkbox"/> |                                                 |                          |                                                            |                          |

# Picklist Print

Wednesday, August 24, 2016 11:43:23 AM

Work Order ID: 150338

**\*150338\***

Parent Item: D3916-5

**\*D3916-5\***

Parent Item Name: Light Rib

Start Date: 8/22/2016

Required Date: 8/24/2016

Start Qty: 4.00

Required Qty: 4.00

Comments: IPP RevA: new issue DD 09.11.23 verified by:EC  
as per dwg revA 10.03.15 verified by:EC

IPP Rev:B

| Component Item ID/<br>Item Name | Replacement<br>Item ID | Mfg/<br>Purch | Bin<br>Item | Primary<br>Location | Last<br>Location | Route<br>Seq ID | Unit of<br>Measure | Qty on<br>Hand | Qty per Kit | Total<br>Qty | Qty<br>Issued | Date<br>Issued | Status |
|---------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|--------------|---------------|----------------|--------|
|---------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|--------------|---------------|----------------|--------|

M304TS0.500W.049

Purchased

No

100

f

1,151.000

4.166

17.54105

✓ **\*M304TS0 500W 049\***

Square Tubing

**\*\***

45

Cj

16-10-13

B134618

Location

Loc Qty

Loc Code

WA004

1151

M134486

67

M134618

460

M135215

624

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



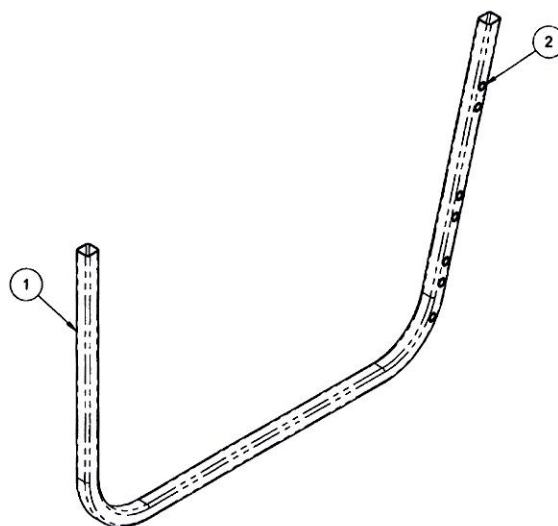
## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

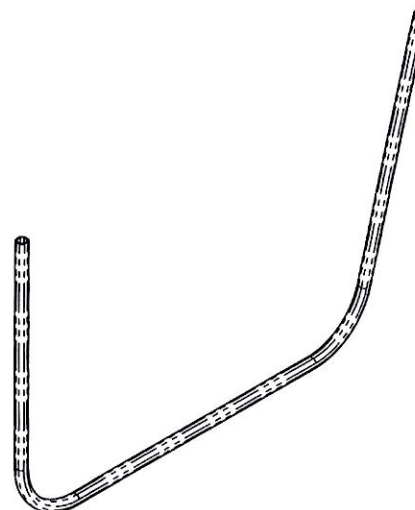
Work Order update only ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                              |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                              |  |
| Date : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Step #: _____                                                                                                                                                                      | QTY Effective : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | MRB (QSI042) Approval                        |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                    | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Completed By                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Lead hand / Supervisor Approval Verification |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | QC / QA Coordinator Approval                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                              |  |
| <b>Root Cause</b><br><div style="display: flex; justify-content: space-between;"> <div>           Environment <input type="checkbox"/><br/>           Design <input type="checkbox"/><br/>           Doc/Data <input type="checkbox"/><br/>           Equip/Tooling <input type="checkbox"/><br/>           Handling/Pre <input type="checkbox"/><br/>           Material <input type="checkbox"/><br/>           Internal Transport <input type="checkbox"/><br/>           Tribal Knowledge <input type="checkbox"/><br/>           LOA <input type="checkbox"/><br/>           Substation <input type="checkbox"/><br/>           Past Expiry Date <input type="checkbox"/><br/>           Misidentified <input type="checkbox"/> </div> <div>           No Re-verification <input type="checkbox"/><br/>           Operator <input type="checkbox"/><br/>           Offset/Setup <input type="checkbox"/><br/>           Supplier <input type="checkbox"/><br/>           Training <input type="checkbox"/><br/>           Use for Testing <input type="checkbox"/><br/>           Poor Information <input type="checkbox"/><br/>           Rushing <input type="checkbox"/><br/>           Product Improvement <input type="checkbox"/><br/>           Process Improvement <input type="checkbox"/><br/>           Manufacturing Process <input type="checkbox"/><br/>           Past Due <input type="checkbox"/> </div> </div> |                                                                                                                                                                                    | <b>FAULT CATEGORY</b><br><div style="display: flex; justify-content: space-between;"> <div>           Pressure/Forced <input type="checkbox"/><br/>           Bending <input type="checkbox"/><br/>           Centre Not Concentric <input type="checkbox"/><br/>           Cracks <input type="checkbox"/><br/>           Crimp/Kink/Ripple/Wave <input type="checkbox"/><br/>           Cuffs <input type="checkbox"/><br/>           Crushing <input type="checkbox"/><br/>           Heat Treat <input type="checkbox"/><br/>           Wave/Twist in Tube <input type="checkbox"/><br/>           Marks/Chatter <input type="checkbox"/> </div> <div>           Temperature/Cure <input type="checkbox"/><br/>           Set-up <input type="checkbox"/><br/>           BOM/Route <input type="checkbox"/><br/>           Broken/Damage/Defect <input type="checkbox"/><br/>           Inspection Incomplete/Unqualified <input type="checkbox"/><br/>           Contamination <input type="checkbox"/><br/>           Countersink <input type="checkbox"/><br/>           Cut Too Short <input type="checkbox"/><br/>           Instructions Incomplete/Unclear <input type="checkbox"/><br/>           Drill Holes <input type="checkbox"/> </div> <div>           Power Loss/Surge <input type="checkbox"/><br/>           Folio/Program <input type="checkbox"/><br/>           Grain <input type="checkbox"/><br/>           Weld <input type="checkbox"/><br/>           Wrong Stock Pulled <input type="checkbox"/><br/>           Out of Sequence <input type="checkbox"/><br/>           Off-set <input type="checkbox"/><br/>           Mislabeled <input type="checkbox"/><br/>           Fit/Function <input type="checkbox"/><br/>           Misaligned/off center <input type="checkbox"/> </div> <div>           Positioned Wrong <input type="checkbox"/><br/>           Outside Dimensions <input type="checkbox"/><br/>           Over/Under tolerance <input type="checkbox"/><br/>           Part Incorrect <input type="checkbox"/><br/>           Part Lost/Missing <input type="checkbox"/><br/>           Part Moved <input type="checkbox"/><br/>           Drawing <input type="checkbox"/><br/>           Finish <input type="checkbox"/><br/>           Misread <input type="checkbox"/><br/>           Turning Sequence <input type="checkbox"/> </div> </div> |  |                                              |  |
| OTHER : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                              |  |

| ITEM | QTY<br>-041 | P/N       | DESCRIPTION |
|------|-------------|-----------|-------------|
|      | X           | D3916-041 | RIB ASSY    |
| 1    | 1           | D3916-1   | RIB         |
| 2    | 7           | D3759-1   | BUSHING     |



**D3916-041 RIB ASSY**



**D3916-5 LIGHT RIB**

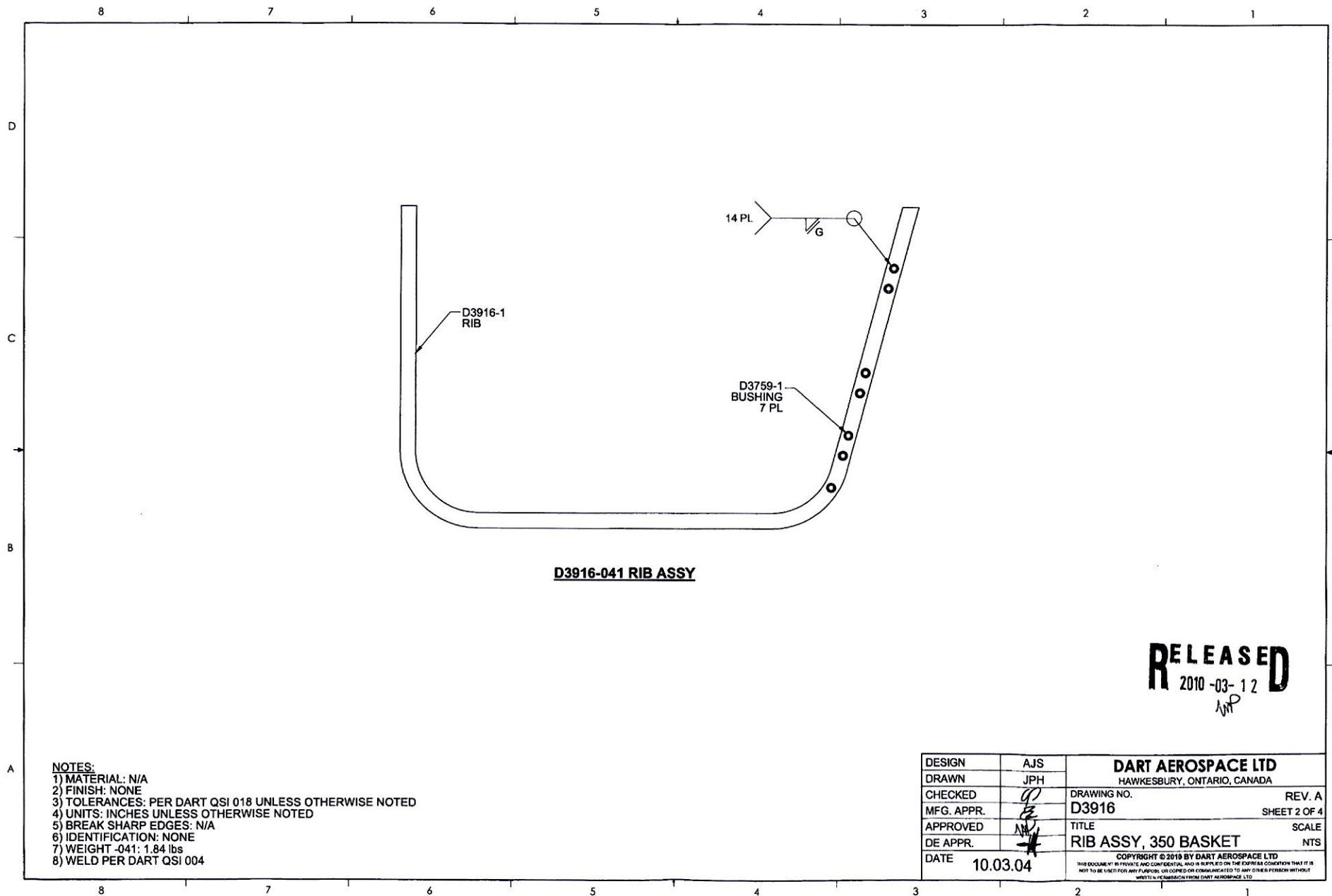
SHOP COPY  
RETURN TO  
ENGINEERING  
UNCONTROLLED COPY  
SUBJECT TO AMENDMENT  
WITHOUT NOTICE  
WORK ORDER  
NO. 150338 HL  
160826

OK 10.12.21  
**UNDER REVIEW**  
10.10.11  
ADDITION OF HOLE + BUSHING  
on D3916-041-1 RIBS.

**RELEASED**  
2010-03-12  
JWP

|            |                    |                                                                                                                                                                                                                                                                                  |              |
|------------|--------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| A          | NEW ISSUE          | JPH                                                                                                                                                                                                                                                                              | 10.03.04     |
| REV.       | DESCRIPTION        | BY                                                                                                                                                                                                                                                                               | DATE         |
| DESIGN     | AJS                | <b>DART AEROSPACE LTD</b><br>HAWKESBURY, ONTARIO, CANADA                                                                                                                                                                                                                         |              |
| DRAWN      | JPH                |                                                                                                                                                                                                                                                                                  |              |
| CHECKED    | <i>[Signature]</i> | DRAWING NO.                                                                                                                                                                                                                                                                      | REV. A       |
| MFG. APPR. | <i>[Signature]</i> | D3916                                                                                                                                                                                                                                                                            | SHEET 1 OF 4 |
| APPROVED   | <i>[Signature]</i> | TITLE                                                                                                                                                                                                                                                                            | SCALE        |
| DE APPR.   | <i>[Signature]</i> | RIB ASSY, 350 BASKET                                                                                                                                                                                                                                                             | NTS          |
| DATE       | 10.03.04           | COPYRIGHT © 2010 BY DART AEROSPACE LTD<br>THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL. IT IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS<br>NOT TO BE LOANED FOR ANY PURPOSES OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT<br>WRITTEN PERMISSION FROM DART AEROSPACE LTD |              |





**D3916-041 RIB ASSY**

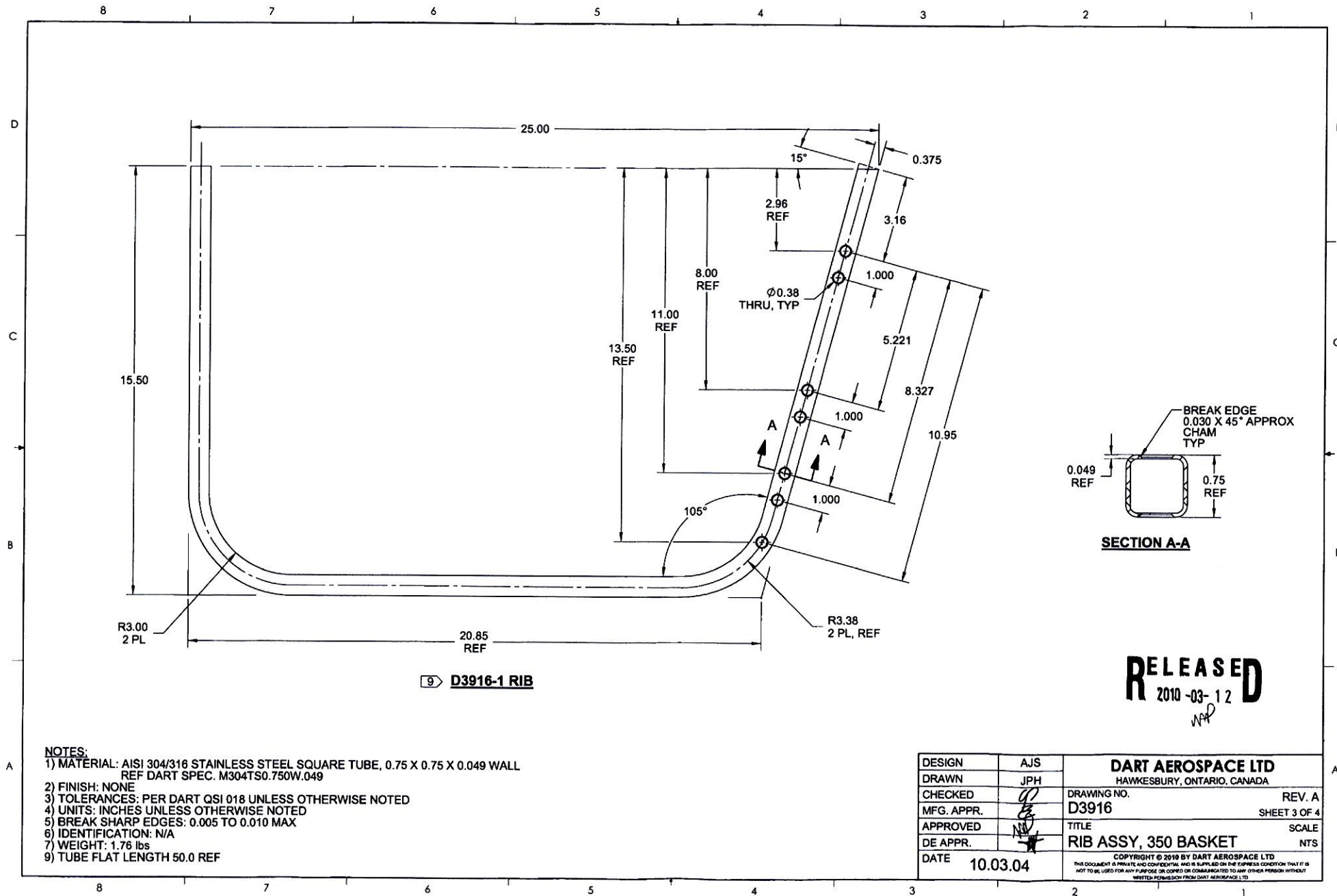
**RELEASED**  
2010-03-12  
JMP

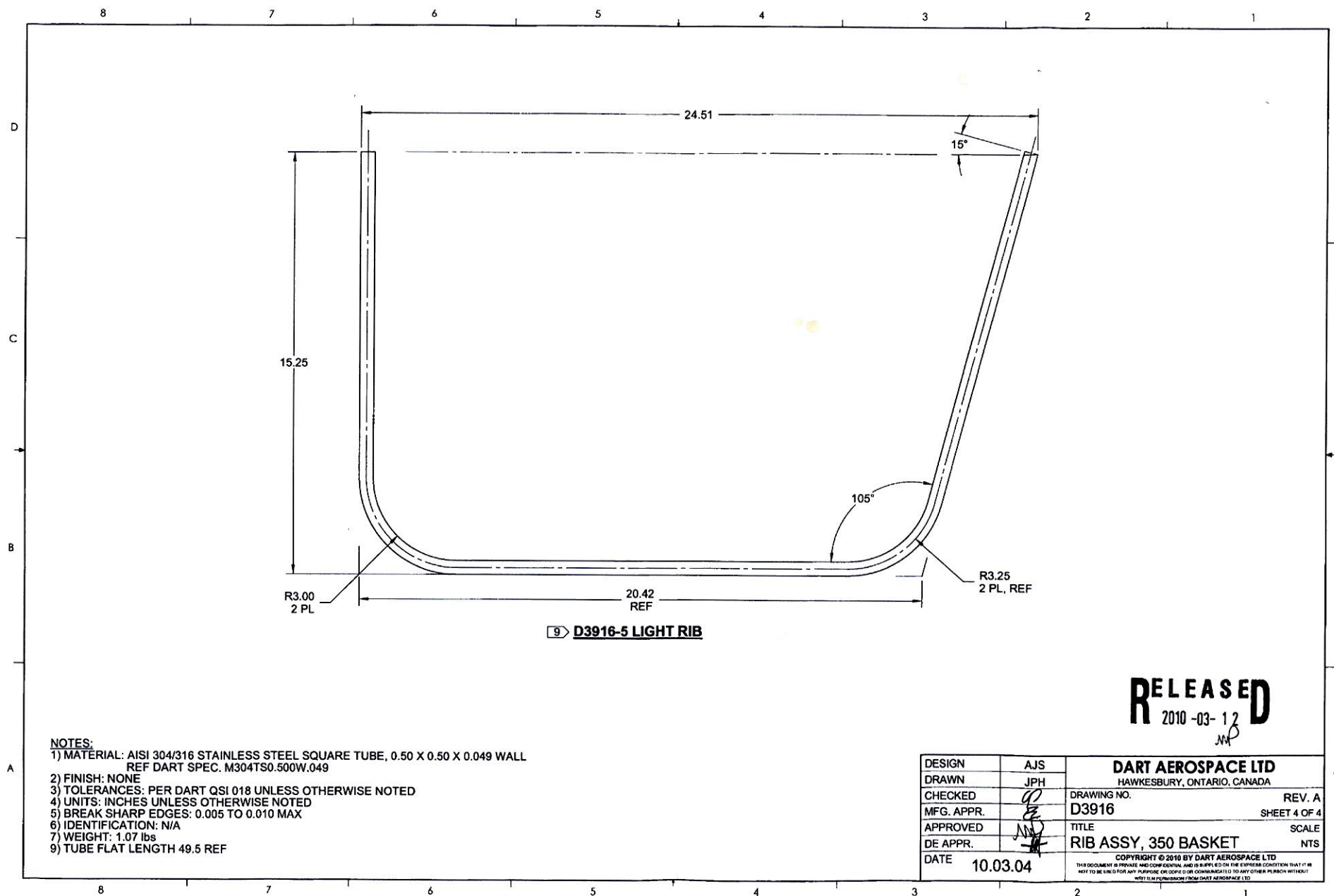
**NOTES:**

- 1) MATERIAL: N/A
- 2) FINISH: NONE
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: N/A
- 6) IDENTIFICATION: NONE
- 7) WEIGHT -041: 1.84 lbs
- 8) WELD PER DART QSI 004

|            |                    |                                                                                                                                                                                                                                                                                         |              |
|------------|--------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| DESIGN     | AJS                | <b>DART AEROSPACE LTD</b>                                                                                                                                                                                                                                                               |              |
| DRAWN      | JPH                | HAWKESBURY, ONTARIO, CANADA                                                                                                                                                                                                                                                             |              |
| CHECKED    | <i>[Signature]</i> | DRAWING NO.                                                                                                                                                                                                                                                                             | REV. A       |
| MFG. APPR. | <i>[Signature]</i> | D3916                                                                                                                                                                                                                                                                                   | SHEET 2 OF 4 |
| APPROVED   | <i>[Signature]</i> | TITLE                                                                                                                                                                                                                                                                                   | SCALE        |
| DE APPR.   | <i>[Signature]</i> | RIB ASSY, 350 BASKET                                                                                                                                                                                                                                                                    | NTS          |
| DATE       | 10.03.04           | <small>COPYRIGHT © 2010 BY DART AEROSPACE LTD<br/>THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD</small> |              |







**RELEASED**  
2010-03-12  
MD

**NOTES:**

- 1) MATERIAL: AISI 304/316 STAINLESS STEEL SQUARE TUBE, 0.50 X 0.50 X 0.049 WALL  
REF DART SPEC. M304TS0.500W.049
- 2) FINISH: NONE
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: N/A
- 7) WEIGHT: 1.07 lbs
- 9) TUBE FLAT LENGTH 49.5 REF

|            |          |                                                                                                                                                                                                                                                                                                 |              |
|------------|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| DESIGN     | AJS      | <b>DART AEROSPACE LTD</b><br>HAWKESBURY, ONTARIO, CANADA                                                                                                                                                                                                                                        |              |
| DRAWN      | JPH      |                                                                                                                                                                                                                                                                                                 |              |
| CHECKED    | GP       | DRAWING NO.                                                                                                                                                                                                                                                                                     | REV. A       |
| MFG. APPR. | JE       | D3916                                                                                                                                                                                                                                                                                           | SHEET 4 OF 4 |
| APPROVED   | MD       | TITLE                                                                                                                                                                                                                                                                                           | SCALE        |
| DE APPR.   | MD       | RIB ASSY, 350 BASKET                                                                                                                                                                                                                                                                            | NTS          |
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